

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Service Employees International Union Local 1021 Issues PAC			<b>Date of This Filing</b> <u>09/10/2020</u>	Date Stamp       Page 1 of 2	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">                     CALIFORNIA FORM 497                 </div> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (510)350-4527	<b>I.D. NUMBER</b> (if applicable) 1296947	<b>Report No.</b> <u>32876</u>			
<b>STREET ADDRESS</b>  		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)			
<b>CITY</b> Oakland	<b>STATE</b> CA	<b>ZIP CODE</b> 94609	<b>No. of Pages</b> <u>2</u>		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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<b>NAME OF FILER</b> Service Employees International Union Local 1021 Issues PAC			<b>Date of This Filing</b> 09/10/2020  <b>Report No.</b> 32876  <input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)  <b>No. of Pages</b> 2	<b>Date Stamp</b>       <b>Page 2 of 2</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
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<b>STREET ADDRESS</b>					
<b>CITY</b> Oakland	<b>STATE</b> CA	<b>ZIP CODE</b> 94609			

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
09/09/2020	Home Together Alameda County 2020 Yes on Measure, Sponsored by Kaiser Foundation Health, Inc. Oakland, CA 94612  ID# 1420738	Home Together Alameda County 2020 Alameda County	\$100,000.00	

Reason for Amendment: